

ROLE OF GOKSHURA CHURNA AND DHANVAYASA KWATHA IN MENIERE'S DISEASE - A CASE STUDY

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ABSTRACT

Meniere's disease is also known as endolymphatic hydrops. A disease of membranous inner ear characterized by episodic vertigo, fluctuating Sensory neural hearing loss, tinnitus and aural fullness. This illness occurs at irregular and unpredictable intervals. Tinnitus and deafness may be absent during the initial phase of attack of vertigo but invariably symptoms occurs as disease progresses. The annual incidence of Menier's disease is 5-7 /10000 with first attack more commonly in fourth and sixth decade. In *Ayurveda* there is no direct reference which can be correlated to meniere's disease. But can be correlated on the basis of symptomatology *Bhrama* (giddiness), *Karnanada* (perception of different sounds in the ear), *Karnabadhira* (Hearing loss). Analysis of these symptoms proves that it is *Vata Pitta Pradhana Tridoshaja Vyadhi*. So, the treatment given here was *Trikatu Churna*, *Kostha Shodhana* with *Eranda Bhrishta Haritaki*, *Gokshura Churna*, *Dhanvayasa Kwatha*, *Karnapoorana* with *Bilvadi Taila*.

Keywords: Menier's disease, *Karnapoorna*, *Bhrama*, *Karnanada*, *Badhira*.

INTRODUCTION

Meniere's disease is a disease of membranous inner ear characterized by episodic vertigo, fluctuation of Sensory Neural Hearing Loss, tinnitus and aural fullness. Hydropic distension of the endolymphatic system is common pathology explained by modern science. It mainly affects females than males and mainly in 4th to 6th decade of life. Endolymph is secreted but not absorbed which causes rise in pressure leads to hydrops which stimulates abnormal sounds and giddiness. This is gradual process over years which lead to functional deafness and

mechanical disruption of inner ear occurs with the dilatation of utricle and saccule.^[1]

The etiological factors of *Karna Roga* are: Exposure to cold wind, probing in External auditory canal, swimming, sound pollution, *Apathya Ahara*. All the signs and symptoms of Menier's disease are because of vitiation of *Vata* in *Urdhvagamini Siras of Shruvanendriya* which disturbs the normal physiology of internal ear. In *Ayurveda* there is no direct reference which can be correlated with meniere's disease, but on the basis of symptoms it has similarity with *Bhrama* (Giddiness), *Karnanada* (Perception of

different sounds in the ear), *Karnabadhira* (Hearing loss)^[2]. The *Vimargamana* of vitiated *Vata Dosha* occurs in *Shabdavahi Nadi* and produces different types of sound. Due to *Vata Kshaya*, *Ati Rooksha*, *Kashaya Ahara Sevana* *Vata* vitiates and enters the *Shabdavaha Nadi* and produces flute like sounds in the ear. In *Badhira*, impairment of hearing occurs due to entrance of *Kaphanubandha Vata* into *Shravana Vahini Siras*. According to *Acharya Shushruta Bhrama* is a condition which involves *Rajas*, *Pitta*, *Vata Dosha*. The pathogenesis of Meniere's disease can be understood due to *Margaavrodha*. As obstruction of endolymph flow and its decreased absorption is basic pathology described. Here *Dosha* and *Aam* accumulated may be the cause for obstruction which leads to reduced absorption and this causes distension of membranous labyrinth. Analysis of all these symptoms proves that it is *Vata Pitta Pradhana Tridosha Vyadhi*.

In modern medical science Labyrinthine sedatives and Vasodilators are prescribed which act as antivertigo and controls the acute vertigo attacks. Diuretics are given which may alter the fluid balance in the inner ear, leading to a depletion of endolymph. Other treatment includes Endolymphatic Sac Decompression, Transmastoid labyrinthectomy, Transtympanic labyrinthectomy, etc.. This all has adverse reaction over one another.^[3]

So it is need of time to get appropriate measure which can alter the pathology without causing any side effect. So, here *Koshtha Shodhana*, *Karnapoorna* and internal *Pitta* and *Vatahara* medicines has been selected as treatment of choice.

CASE REPORT:

A 46 years female patient came to ENT OPD, IPGT & RA, Jamnagar on 20/09/2018, with the chief complaints of two or more episodes of vertigo which lasts for half an hour and severe tinnitus is observed in left ear mainly during episode of vertigo. Sometimes she also feels problem with hearing and suffering with this since last 2 and half years.

HISTORY OF PRESENT ILLNESS:

In early stage each episode of vertigo lasted for around 15 min. but gradually increased to 30 min. (currently). Frequency of attack was almost once in a week. Initially she didn't notice any change in hearing loss but gradually she noticed hearing loss in affected ear followed by both ears. Tinnitus also gets aggravated during the attack and also sleep of patient was disturbed often due to tinnitus.

There was no relevant past history of any other disease. No positive family history was found.

PERSONAL HISTORY:

Diet: Vegetarian, **Appetite:** Moderate, **Bowel:** Regular, **Micturition:** Normal, **Sleep:** Disturbed, **Addiction-No.**

Ashtavidha Pariksha:

Nadi: Sadharana; **Mutram:** Avila Mutrata; **Malam:** Abadha; **Jihwa:** Anupalepa; **Shabda:** Heena; **Sparsha:** Anushnaseetha; **Drik:** Heena; **Akriti:** Madhyam.

Dashvidha Pariksha:

Prakriti: VK; **Vikriti:** Vata Pitta Pradhana; **Vaya:** Bala; **Satwa:** Madhyama; **Sara:** Madhyama; **Samhanana:** Madhyama; **Aharashakti:** Madhyama; **Vyayamashakti:** Madhyama; **Pramana:** Madhyama; **Satmya:** Madhyama

All vital signs and general physical examination were found to be within normal limit.

ON EXAMINATION:

Ear Examination: EAC- Normal and Clear
TM- Intact and Normal

Nose Examination: WNL

Throat Examination: WNL

Audiometry findings: Severe to Moderate SNHL
B/L

TREATMENT

- Deepana Pachana:* Trikatu Churna 5gm, Before meal, twice a day, with luke warm water.
- Koshtha Shodhana (Mridu Virechana):* With *Eranda Bhrishta Haritaki* 3gm, Bed time, with Luke warm water. (At the interval of every 3 days).

- C. *Gokshura Churna*- 3gm twice a day, with luke warm water, after meal.
- D. *Dhanvayasa Kwatha*^[5]- 10gm BD before meal, twice a day, with Ghrita.
- E. *Karnapoorana* with *Bilvadi Taila* (4 sittings of 7-7 days at the interval of 3 days).

Here, *Deepana Pachana* was given for 5 days and then *Eranda Bhrishta Haritaki* was prescribed at every 3 days interval. Along with this the internal medication *Gokshura Churna* and *Dhanvayasa*

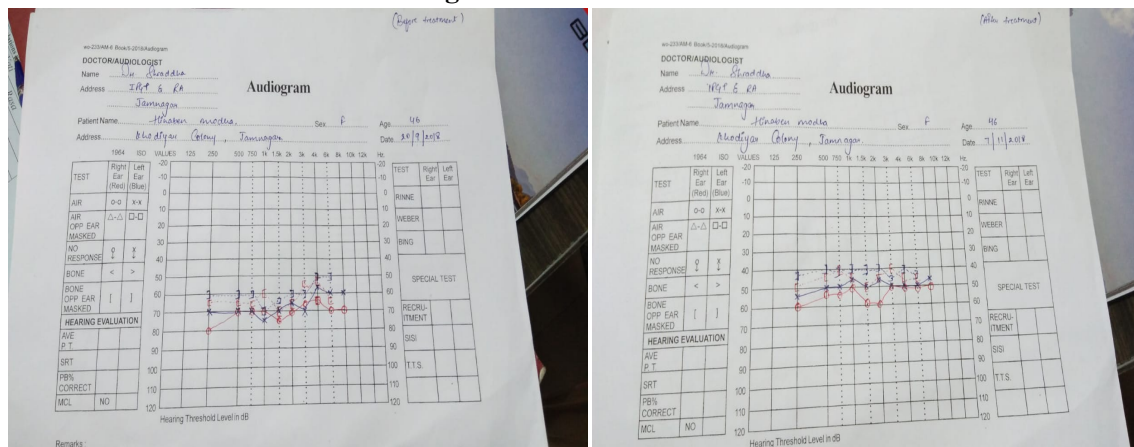
Kwatha. 4 sittings of *Karnapoorana* was advised, each sitting of 7 days with the interval of 3 days. This treatment was continued till 45 days.

Pathya Apathya:- Low Salt Diet, *Katu, Amla, Lavana Rasa Pradhana Ahara* should be avoided.

FOLLOW UP AND RESULTS:

Patient was in follow up for 2 months at 15 days interval. She was not having any episode of vertigo. Tinnitus was absent and hearing loss was reduced from severe to moderate.

Pictures of audiograms of before and after treatment:-



DISCUSSION

The patient was presented as the case of Meniere's disease which can't be correlated directly with any of the disease in the Ayurveda. But on the basis of symptoms it was analysed that condition is *Vata Pitta Pradhana*. There was complete remission in vertigo and tinnitus. The comparison of audiometry reports before and after treatment also revealed significant reduction in hearing loss bilaterally.

Trikatu Churna:- *Deepana Pachana*. It will be helpful in digestion of *Aam* from the body.

Mridu Virechana:- *Virechana Drvaya* due to its *Sukshma* and *Tikshna Guna* reaches the *Sookshma Srotas* and cause *Vishyandana* of *Doshas* ultimately eliminating them from the body. It eliminates *Dushita Pitta* and *Kapha*^[6]. *Virechana* also brings *Vata* in *Anuloma Gati*. Thus *Vata Vruddhi* in *Shrotrendriya* which is a seat of *Vayu* will be pacified. Due to these properties it reduces *Bhrama*, *Karnanada*, *Karnabadhira*. As *Virechana* is best *Pittahara*

chikitsa it will also correct *Rakta* due to *Ashraya Ashrayi Bhava*. As *Eranda Bhrishta Haritaki* is will show *sramsana* effect and *Haritaki* will work as *Vataanulomana* and so on giving it at the interval of 3 days it will not trouble her daily routine so it has been chosen.

Karnapoorana:-*Karnapoorana* with *Bilvadi Taila* in *Karna Badhira* and *Karnanada Chikitsa* in various Treatises. *Bilvadi Taila* is having *Kapha Vatahara* property so it helps to reduce *Badhira* which is described as a *Kaphaavrutta Vyadhi*. *Karnapoorana* is described in *Dincharya* to prevent *Vatika Karnaroga* and *Badhira* and so this could be the reason for reduction in tinnitus and hearing loss.

Gokshura Churna:- It has *Tridosahara, Rasayana, Balaya, Mutrala* property it has been chosen for internal medication. Because of its *Mutrala* property it will helps in the reduction of *hydrops* and *distention* of *membranous labyrinth* will be reduced.

Dhanvyas Kwatha:- It mainly has *Tikta*, *Kashaya*, *Madhura Rasa* property, *Sheeta Virya*, *Kapha Pittahara* property. And with *Ghrita* it will mainly be helpful in *Bhrama* by pacifying *Pitta Dosha*.

CONCLUSION

The present case study signifies the role of *Vata-Pitta Shamaka* internal medication and *Karnapoorana* in the treatment of Meniere's disease. Mainly *Pitta Shamaka* and *Vataanulomaka* treatment should be adopted considering *Dosha Pradhanyta*. The results obtained were remarkable.

SCOPE FOR FURTHER STUDY

As the result obtained were very encouraging the holistic approach should be tried for long duration with large sample size on same drugs should be carried out to bring authenticity to our science.

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Shraddha Chaudhary & D.B. Vaghela: Role Of Gokshura Churna And Dhanvayasa Kwatha In Meniere's Disease - A Case Study. International Ayurvedic Medical Journal {online} 2019 {cited May, 2019} Available from:

http://www.iamj.in/posts/images/upload/830_833.pdf